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25X1A
CONFIDENTIALCENTRAL INTELLIGENCE GROUP
INTELLIGENCE REPORT

COUNTRY USSR

DATE: 25X1A

SUBJECT Tropical and Venereal Diseases
in the Soviet Union

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SUPPLEMENT

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1. Malaria

- a) Tropical malaria of three to four days' duration is one of the most dreaded diseases in Russia and is widespread throughout the Soviet Union. The central malarial area is tropical Central Asia, particularly Uzbekistan, with its swamps and summer temperatures of about 130° F. The incidence of malaria among the natives of Central Asia is 80-90%, with the greatest susceptibility noted among children, since adults eventually build up an immunity to recurrent attacks.
- b) Thousands of European Russians evacuated to Central Asiatic areas died from malarial infection. Millions of evacuees returning from these regions have spread malaria wherever they went. Malaria epidemics are reported in Bessarabia, which is second to Uzbekistan in the number of cases reported, followed by Leningrad Oblast and Byelo-Russia.
- c) Along the routes taken by evacuees, the Ministry of Public Health has placed malaria stations, which make blood analyses and administer injections of "acrichine" and quinine as needed. [REDACTED] Comment: 25X1C ("Acrichine" is also available in tablets, which, from source's description, are possibly identical with or similar to atabrine.)

2. Venereal Disease

- a) Before the war, venereal disease was controlled through the operation of special venereal dispensaries under the supervision of the Ministry of Public Health. Treatment of VD was obligatory and those infected were immediately isolated.
- b) At present, as a result of the war chaos, venereal infections are greatly increased in the USSR. In Soviet Mongolia and other Far Eastern regions, medical authorities have pronounced social diseases uncontrollable, with certain regions completely infected. After the liberation of Odessa in 1944, examination showed that 70% of the women were victims of venereal disease.
- c) There has been a great increase in the incidence of venereal disease among the personnel of the Central Group of Forces in Austria and Hungary.

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Source reports that both officers and enlisted men have deliberately contracted infection to put off their return to the Soviet Union as long as possible.

- d) Gonorrhea patients are treated with lactic ("molochnic") injections, irrigation by the Zhang method, "sulphomide" preparations, or, in a few cases, with penicillin injections. Syphilis treatments consist of administration of Salvarsan, biochinol, and bichloride of mercury.

25X1C [Comment: Biochinol is a Russian bismuth preparation analogous to quinby (quinine, bismuth, iodide).]

3. Typhus and typhoid

- a) Because of unsanitary conditions prevalent during the exodus of millions of persons from European Russia to Central Asia, typhus epidemics broke out everywhere along the way. Epidemiological stations tried vainly to combat the disease with anti-typhus serums, but they were handicapped by lack of medical facilities to administer to such enormous numbers of persons.
- b) Primary infected areas were heavily populated districts: Taskent, Samarkand, and Namangan in the Uzbek SSR; Stalinabad in the Tadzhik SSR; Ashkhabad in the Turkmen SSR; Frunze and Dzhalalabad in the Kirgiz SSR; Alma Ata in the Kazakh SSR. Epidemics in these areas broke out in December 1941, remained alarmingly virulent during the next two winters, and lasted until 1945. In certain Central Asiatic areas, 40-50% of the population died in typhus epidemics.
- c) Epidemics of typhoid and dysentery caused many deaths during the summers of 1942 and 1943, chiefly because of lack of potable water. Since the war, the Ministry of Public Health has established epidemiological stations throughout these infected areas.

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